

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
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D	D	D																									
Y	Y	Y	Y	Y	Y																						

Full Name of Payee <b>Campaign HQ</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>10</td><td>13</td><td>2020</td></tr> </table>		M	M	M	10	13	2020
M	M	M							
10	13	2020							
Mailing Address <b>PO Box 257</b>		Amount <table border="1" style="display:inline-table; width:100%"> <tr><td>14827.25</td></tr> </table>		14827.25					
14827.25									
City <b>Brooklyn</b>	State <b>IA</b>	Zip Code <b>52211</b>	Transaction ID : <b>SE.21995</b>						
Purpose of Expenditure Phone Calls		Category/Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>10</td><td>13</td><td>2020</td></tr> </table>	M	M	M	10	13	2020
M	M	M							
10	13	2020							
Name of Federal Candidate <b>GRAHAM, LINDSEY O., , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SC</b>						
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%"> <tr><td>244890.68</td></tr> </table>	244890.68	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____					
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10	13	2020							
Name of Federal Candidate <b>HARRISON, JAIME, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SC</b>						
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%"> <tr><td>259717.93</td></tr> </table>	259717.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____					
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(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td>29654.50</td></tr> </table>	29654.50
29654.50		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td> </td></tr> </table>	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"> <tr><td>29654.50</td></tr> </table>	29654.50
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M	M	M
10	13	2020

D	D	D

Y	Y	Y	Y	Y	Y

Signature